



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E416078**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00964	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
--------------------	--

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 13 - 2015	1656	31		0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>				

SOPER HILL RD	BLOCK NO. <input checked="" type="checkbox"/>	8500
	MILE POST <input type="checkbox"/>	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
	85TH DR NE	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	--	-------

LAST NAME	DUCLOS	FIRST NAME	KATHLEEN	MIDDLE INITIAL	A
-----------	---------------	------------	-----------------	----------------	----------

STREET NEW ADDRESS	2611 92ND PL SE
--------------------	------------------------

CITY	EVERETT	ST	WA	ZIP	982080000
------	----------------	----	-----------	-----	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	DUCLOKA479K3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	05 - 23 - 1953
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 4	RESTR. 9	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	AHG3465	STATE	WA	VIN#	4T3BK3BB1CU064356
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2012	MAKE	TOYT	MODEL	VENZA	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	DICKS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	--------------	-------	-----------	---	----------	---------------------	---

REGISTERED OWNER INFO. **KATHLEEN DUCLOS 2622 92ND PL SE EVERETT WA 98208**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 327 7655-A23-47A
---	-------------------------	------------------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	CASTELLANOS SANTANA	FIRST NAME	DANIEL	MIDDLE INITIAL	
-----------	----------------------------	------------	---------------	----------------	--

STREET NEW ADDRESS	11502 JORDAN RD
--------------------	------------------------

CITY	ARLINGTON	ST	WA	ZIP	982236735
------	------------------	----	-----------	-----	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	CASTED*218N8	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08 - 28 - 1979
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 9	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	B10890Z	STATE	WA	VIN#	1FTPW14V08KD09797
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2008	MAKE	FORD	MODEL	W141	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	-------------	-------	-----------	---	----------	--	---

REGISTERED OWNER INFO. **ARACELI BARAJAS 909 SE EVERETT MALL WAY EVERETT WA 98208**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 188586298
---	-------------------------	--------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
------------------------	--------------------	---------------	-----------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E416078**

CASE # **15-00964**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 04/13/2015 at about 1657 hours (all times approximate) I responded to a police radio dispatched call about a vehicle collision at the intersection of 85th Drive NE and Soper Hill Road. Arriving on scene I found the collision to be blocking and there were no reports of injuries. Based on evidence and statements made at the scene it is found that U1 pulled away from the stop sign on northbound 85th Drive NE intending to make a left turn onto westbound Soper Hill Road. The driver of U1 stated she had not seen the oncoming westbound pickup (U2) until she had entered the intersection. The driver of U1 stated she attempted to just cross the roadway at this point, having seen the oncoming pickup and not wanting to pull out in front of the pickup and remain in the same lane of travel, but it was too late. U2 struck the passenger rear half of U1 causing U1 to spin clockwise and come to final rest facing eastbound on the north shoulder of the westbound lane. U1 was towed from the scene by Dick's Towing. U2 was moved out of the roadway onto the private drive and the driver of U2 was going to attempt to drive the vehicle from the scene. I took several digital images of the collision scene and involved vehicles; later saved to a CD-RW.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-14-15 08:08 AM

DATED

PLACE SIGNED

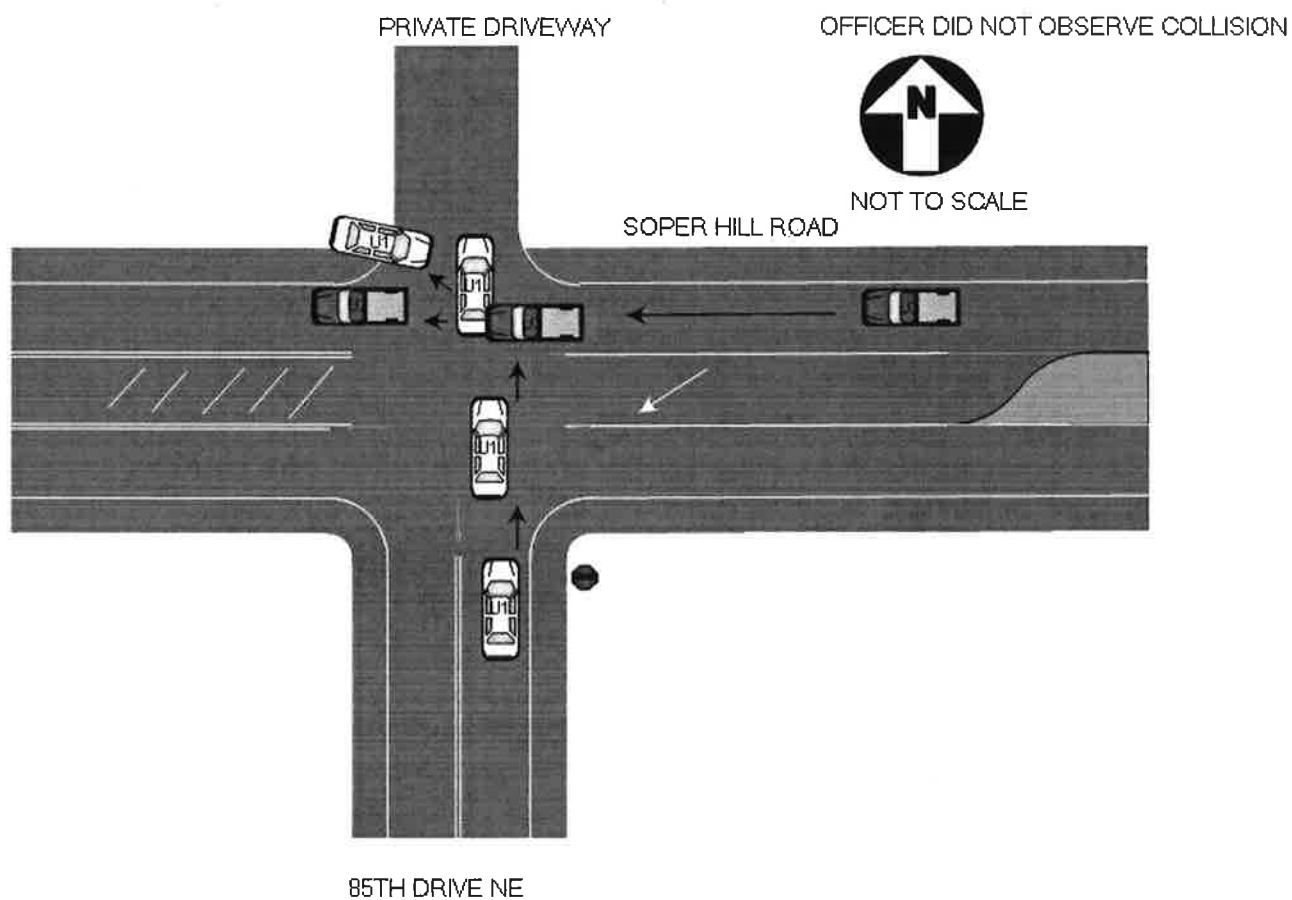
APPROVED BY

RON BROOKS 013

DATE

4/14/2015 2:55:34 PM

BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	4:57 PM	TIME POLICE ARRIVED	5:03 PM
---------------	-----------	-------	------------------	------------------------	----------------	---------------------	----------------













LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Auerman #72</i>		Case Number <i>15-00964</i>	
Type of Crime: <input checked="" type="radio"/> Felony / <input type="radio"/> Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>4-14-15/0900</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # Action #	1	Item <i>CD-RW</i> Brand/Model/Caliber	Brand Name <i>COMPACTORY</i> (Further Description)	Storage Location	Disposition
	3	Serial #	Where Found <i>85/Super LKS</i>	Weight of Narcotic	
	Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Barcode goes here				
Owner Signature/Other remarks /additional information/ special instructions <i>PICS</i> <i>72</i>					

Item # Action #		Item 	Brand Name 	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found	Weight of Narcotic	
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					

Item # Action #		Item 	Brand Name 	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found	Weight of Narcotic	
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					

Item # Action #		Item 	Brand Name 	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found	Weight of Narcotic	
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					

Item # Action #		Item 	Brand Name 	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found	Weight of Narcotic	
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Case Number	Date	Time	Page
Entered	04/13/15	16:56:03	BY SPCT09 SP0397
Dispatched	04/13/15	16:57:23	BY SPDP17 SP0371
Enroute	04/13/15	16:57:23	
Onscene	04/13/15	17:03:36	
Closed	04/13/15	17:29:39	

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377D-5 Group: SS1 Beat: WEST

Src: T

Loc: 8600 SOPER HILL RD , LKS btwn 85 DR NE & 89 AV NE (V)

Loc Info:

Name: WILCOTS KATHLEEN

Addr:

Phone: 4253341049

/1656	(SP0397)	ENTRY		,AC, NON INJ, BLKING TAN PU , WHI PC
/1656		SUPP		NAM: WILCOTS KATHLEEN,
				PHO: 4253341049
/1657	(SP0371)	AGCADV		,BCST
/1657		DISPER	19D3	#SS75 CHRISTENSEN, OFCR (CHAD)
/1657	(SP0112)	SUPP		TX: ON OF THE DRIVERS CALLED DICKS TOW
/1701	(SP0371)	ASSTER	19D2	[8600 SOPER HILL RD ,LKS]
				#SS72 AUKERMAN, OFFICER (WAYNE)
/1703		ONSCNE	19D2	
/1705		ASNCAS	19D2	\$SS15000964
/1705		CLEAR	19D3	
/1705		MISC	19D2	, ROADWAY CLEAR
/1710	(SS72)	REMINQ	19D2	MDTVEH, B10890Z, , WA, , , , , , , , ,
/1711		REMINQ	19D2	MDTWANT, CASTELLANOSSANTANA, DANIEL, , 082879, , , WA, ,
				, , , , , , , , , ,
/1711		REMINQ	19D2	MDTVEH, AHG3465, , WA, , , , , , , , ,
/1712		REMINQ	19D2	MDTWANT, DUCLOS, KATKLEEN, A, 052353, , , WA, , , , , , , , ,
				, , ,
/1729	(SP0371)	CLEAR	19D2	D/H
/1729		CLOSE	19D2	